

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598018

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		1	/	1		
3	/		/			
4	/		/			
5	0		/			
6	0		/			
7	0		/			
8	0		/			
9	0		/			
10	8		/			
11	8		/			
12	0		/			
13	0		/			
14	9		/			
15	9		/			
16	1		/			
17	0		/			
18	0		/			
19	0		/			
20	/		/			
21	/		/			
22	/		/			
23	0		/			
24	1		/			
25	0		/			
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	24	←	24	←		
TOTAL CLAIMS	28		28			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						